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‘It brings the lads together’: A critical exploration of older men’s experiences of a weight management programme delivered through a Healthy Stadia project.

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‘It brings the lads together’: A critical exploration of older men’s experiences of a weight management programme delivered through a Healthy Stadia project.

Abstract

Older men whose weight is considered unhealthy may experience particular barriers that can restrict their adoption of health improvement interventions. Despite promising findings recommending the use of sports settings to facilitate health promotion with men, little evidence has addressed older men’s health needs for, or experiences of, these settings. Using a qualitative methodology, this study explored the experiences of 14 ageing men attending a football-led weight management programme delivered at a community sports setting. The thematic analysis of semi-structured interviews elucidates important insights regarding the provision of sports-led health improvement interventions for this population. Men especially valued the opportunity to play sports and do physical activity in an environment that promotes ‘inclusive’ competition and caring interpersonal relationships. Implicit in the findings is the key role of practitioners in promoting social engagement. We conclude the paper with key practical implications of this research.

Keywords: men, health, stadia, sport, age.

Introduction

Older men (OM) previously classed as 50 years of age or older and whose weight is considered unhealthy are a concern for Public Health policy (NICE 2014; Harris et al. 2009; Salihi, Bonnema, and Alio 2009). This population presents a higher risk of developing poor lifestyle behaviours, such as reduced physical activity (PA) levels and unhealthy diets (Department of Health 2011). This can result in an increased risk of developing non-communicable diseases, including coronary artery disease, stroke, and type 2 diabetes (White et al. 2011). Arguably, these health outcomes may explain why obese UK men over 40 die 5.8 years younger than their thinner peers (Logue et al. 2010).

OM are known to experience particular barriers that may restrict their adoption of lifestyle improvement interventions, including PA-based programmes (National Institute for Health

and Care Excellence [NICE] 2008). These barriers include (i) feelings of insecurity stemming from fear of falls and injury (Booth et al. 2000), (ii) lack of energy (King et al. 2000), (iii) pain and (iv) tiredness (Sallinen et al. 2009). These factors may explain why PA participation decreases with advancing age (BHF 2015), and place OM as a key priority group for Public Health (Rutherford et al. 2014).

A promising approach to engage men with their health involves the adoption of a settings approach for the delivery of PA interventions (Brown et al. 2012; Clark et al. 2012; Royal Society for Public Health 2014). In particular, previous authors have advocated for the delivery of lifestyle programmes in sports clubs and sporting settings (Johnman, Mackie, and Sim 2013). This approach to health improvement in the UK has resulted in the emergence of Healthy Stadia concept (Haig and Crabb 2006), which refers to a stadium that ‘promotes the health of visitors, fans, players, employees and the surrounding community. It is a place where people can go to have a positive, healthy experience playing or watching sport’ (Crabb and Ratnckx 2005). Echoing Hirt and Clarkson (2011), these facilities provide a sense of group affiliation that facilitates connectedness between men. Moreover, these settings hold great potential to connect with the interests of OM (Pringle et al. 2014). Promising initiatives have also started to explore the possibility of delivering men-only weight management programmes (WMPs) through professional sports clubs (Witty and White 2011) and with older adults (Krustrup et al. 2010; Hunt et al. 2014).

Although the use of sports in male-specific contexts (i.e. football clubs, stadia) may facilitate health promotion in men (Pringle et al. 2014), including older men (Andersen et al. 2014; Bingham et al. 2014; Parnell et al. 2015; Schmidt et al. 2014), the active construction of a particular form of masculinity emphasising competition, aggression, and personal dominance over others may exclude other ‘non-hegemonic’ men (Robertson 2003; Spandler and McKeown 2012). These can include OM, who often find difficulties in joining the competitive performance of team sports and may feel anxious about engaging in sports (Nielsen et al. 2014). Hence, it is important to acknowledge the health potential of recreational sport, to avoid the proliferation of ‘divisive social practices’ (Kelly 2011) that portray the dominant performance narrative in sport (Douglas and Carless 2014).

Given that men will attend health interventions that are deemed acceptable to them (Pringle et al. 2014), it remains important to understand how sports settings relate to the needs of OM to ensure optimum provision. With these thoughts in mind, our study aims to answer the

following research question: How do OM experience their attendance at a football-led WMP delivered in a community sport setting? Whilst this WMP is not a project delivered by an amateur or professional sports club, its focus on men, health and sports can help inform those working in and around the Healthy Stadia agenda in this growing area of health promotion. Therefore, by presenting this programme and the findings of this research, we will aid those delivering health-improvement interventions in a number of contexts across the Healthy Stadia agenda, including health improvement programmes for OM delivered by professional sports clubs.

Methods

Intervention context

This study took place in a WMP that works in partnership with the Wigan Borough Healthy Stadia and Sports Club Network to deliver health and well-being messages. This is the first borough wide partnership to include professional and amateur sports clubs set up and launched in the UK. The Network endorses partners and other local services with 60-80% of clubs becoming actively involved with a number of health improvement programmes (Wigan Borough 2015). One of the local partners is Tackling the Pounds (this is a pseudonym, because ethical permissions prevent naming the programme), a men-only WMP that aims to help men lose 5% of their body weight through participation in PA and sport and education on healthy lifestyles. Each weekly session lasts 90 minutes, with 60 minutes of PA – often circuit training and sport, mainly football during the last 20-30 minutes of the session. This is followed by 30 minutes of education.

TtPs was gender-sensitised in terms of context (delivered in environments men are familiar with), content (information about the science of weight loss was kept practical), and style of delivery (flexible and non-regimental approach that encouraged social interaction and humour). The sessions were delivered by qualified practitioners, who had a background in health promotion, nutrition and exercise, and tailored the activities for each participants' ability.

Weekly sessions took place in the town's soccer dome. This is a sports setting with 12 football pitches, a sports shop, and a fitness club. It is located close to the town's football stadium which has held Premier League Status in recent years.

Research Context

This study forms part of a larger investigation that explores men's experiences of weight management before, during, and after attending TtPs. Ethical approval was obtained from Leeds Beckett University and NHS Research Ethics Committees.

The research is based on the experiences of 14 men taking part in a WMP delivered in a community sports setting. To protect their identities, we present age groups instead of specific ages. Eight participants were OM (two men were aged between 50-59 years old; three were between 60-69; two were in the range of 70-79, and one was 80+). We also include the experiences of six participants who, despite not being classified chronologically as OM according to previous definitions (Harris et al. 2009; Salihu, Bonnema, and Alio 2009), they provided relevant information to answer the research question. All participants were categorised as overweight or obese according to Body Mass Index (BMI) classifications. Their mean BMI was 32.4kg/m².

This study focuses on 14 semi-structured interviews conducted by LL while men attended TtPs. Interviews were conducted in a quiet room at the programme venue immediately after an intervention session, lasting 30 to 120 minutes. Interviews were audio recorded and transcribed verbatim.

Data Analysis and Representation

Data analysis was conducted using Braun and Clarke's (2006) approach to thematic analysis (TA). This is a qualitative analytic method for identifying, analysing and reporting themes across a data set. Themes were selected if they captured something important about the research question. An inductive approach, where themes identified are strongly linked to the data themselves (Patton 1990), is used to provide a rich description of the data. We addressed Guba's (1981) criteria to ensure the trustworthiness of the data: (a) credibility was established, in part, by triangulating the data from different informants; ensuring honesty in informants by building trust and rapport between LL and participants through extensive

fieldwork; and examining previous research to frame findings; (b) by providing thorough background data to establish the context of the study, we aimed to ensure the transferability of the findings; (c) we have also provided an in-depth methodological description of the study, to ensure dependability; and (d) two researchers have taken part in the analytical stage of the study to enhance the confirmability of the findings.

All participants were given pseudonyms to maintain their anonymity. Participants' age group and initial BMI are indicated in brackets. Descriptors are used to identify the number of men who articulated each theme, including: *few* (0-5 respondents), *some* (5-10), and *many* (10+). Yet, the *keyness* (Braun & Clarke, 2006, p. 82) of a theme not only depended on its prevalence but also on how well it captured something important in relation to the research question.

Results

Findings are presented using an organising framework of five themes which support critical reflection on the key experiences of 14 men attending TtPs. These themes include the following: ageing, opportunity, inclusive competition, caring interpersonal relationships and the role of practitioners in promoting engagement.

Ageing

Many men in this study reported an increase in physical limitations as a result of an ageing body. Some participants talked about the irreversibility of this process, which increasingly placed them at a higher risk of injury. This was illustrated by Dermot (70-79, 28.9 kg/m²):

I have a little bit of arthritis in my knee, and it will get worse, it's bound to do. But at the moment I've just got to be a bit careful really, which I am [...] Because somebody three weeks ago tried too hard, and he tore his calf muscle. And he's been told it's a four to six months recovery. So that's focused my mind a little bit.

Although (fear of) being injured limited men's participation in sports, at the same time, being physically active was valued by participants as a way to gain better health. For some, increasing activity could delay the decline they associated with the ageing process. Predicting the physical decline related to ageing, Connor (40-49, 32.7 kg/m²) believed that

attending the programme was the right thing to do before the decline started. For him, intervening sooner rather than later was important:

The only reason I've started to think about it [doing PA] the last sort of six months is because I am getting older now. And you do think about things like grandchildren, stuff like that. You know, you gotta do something before it is too late really. It just comes to the point where you are not gonna be active or you are not gonna be physically active, are you? And not gonna do stuff like this, so sort of get up and do something now.

Likewise, for Adam (50-59, 27.3 kg/m²), getting older signified the end of the young, seemingly imperishable body, and the beginning of a new stage in his life, where he felt the need of looking after a vulnerable body:

Well for me I was just getting older and I could tell that I wasn't a teenager anymore so it was just look after yourself. Basically, I think what appeals more as you are getting older as a young man you are indestructible you can do anything, eat anything [...] For me it was just you know getting older and look after myself better.

Opportunity

Ageing was associated with an increase in the number of structural barriers to participate in organised sports. As a result, many participants welcomed the opportunity of playing sport with the other men who were attending TtPs. For many participants, being offered the opportunity to play sport was more valuable than the sport being played, as Ralph (60-69, 45.4 kg/m²) said:

To be honest I'm not keen on football but at least I play it, which I am quite surprised at, you know. I never thought I would have played football, not at my age, but I did it.

Likewise, Alan (40-49, 39.5 kg/m²) expressed his surprise when talking about the opportunity to take part in 'real' sport with other men:

Lorena: What do you like the most in the programme?

Alan: I'll be honest, the football. I quite enjoyed today's exercise and the game of football, because everyone is involved [...] Because it's a team sport, and we're playing together, it's good, you're taking part with other people, which I never thought I would. The last time I played football must have been 15, 20 years ago, in the back yard garden. Not real football, just passing to my nephew. And after being the size I was [pause] I didn't think I would be playing football. I've still got a long way to go, but I feel better every time we play, and I couldn't run a single yard I don't think 12 months ago, so even if it's just jogging around [pause] I'll never be the fastest runner, but it is an improvement really, and it's good.

Although there may be more opportunities for younger men to take part in competitive sport, these are lost as men age. For Craig (40-49, 28 kg/m²), older men's involvement in sports needed to be promoted more effectively, with the focus shifting from competitiveness to participation:

Craig: I just think it's very very important and it's a great opportunity for people who can't go out and play top level, or can't go and play rugby or football anymore because they are 40 or 50 [...] For example, [name] he's 76 or something like that and he's absolutely amazing, unbelievable. But I think it's an opportunity for people who've passed the age of playing competitive sport to come and have a go and not feel the odd one out. Because there's a lot of elitism in sport, because you don't pass to, or you are not good enough, all that [...] And I think there should be more things like that. I'd like to help other people myself, I think is good. Why can't you do it [sport]? There's people telling you you've past it when you are like 30, whatever, you are too old, but why? No! You're not, you're not! You are probably too old to compete with 25 year old, but you're not too old to have a kick around.

In this excerpt, Craig distinguishes between traditional competition in sport – an oppositional and confrontational activity that may discourage participation – and ‘having a kick around’ – an activity that encompasses positive involvement and social interactions with other peers. This distinction was common across our data, and therefore constitutes the focus of the next section.

Inclusive Competition

Craig's excerpt above suggests that traditional modes of competition – what we identify as ‘exclusive’ competition - can discourage participation for some. However, him, and other men, also talked about a different type of competition – ‘inclusive’ competition – where participation in cooperative and collaborative activities was supported and valued. When participants referred to this type of competition, the notion of ‘everybody is involved’ was recurrent in their accounts. Mike's (80+, 27.1 kg/m²) point illustrated it:

Lorena: what would you say to your friends about the programme?

Mike: I would say it's very satisfactory, I would say once a week is not enough, whether we do it here or do it ourselves, your needs are at least twice a week, better, if you did it three times and do the exercises at home. But [at home] you don't have the impetus that you get here, because everybody is doing their best here.

However, the degree of inclusivity of activities that involved competition varied among different subgroups of men. Often, this depended on participants' level of fitness, not just age. To demonstrate this, Ian (40-49, 46.3 kg/m²) talked about competition as a bond within the team, where 'everybody passes to everybody else' (Ian), highlighting the enjoyment of playing as an essential quality of football. However, these signals of good bonding vanished when other men adopted a different, less inclusive attitude. Ian said:

Normally it's fun, you know, we don't compete. We compete but everybody passes to everybody else, like err you know what I mean. Because we are not footballers, we are just doing it for the fun afterwards, you know what I mean. But when you get five or six that play five-a-side football and they sort of err it's like: 'I don't wanna know', it's like: 'Pass, pass, pass, pass, bang!' And you think to yourself: 'Yeah, but we are here just for a bit of fun'. They take it a bit too serious, and they get in with the tackles sometimes and I am thinking: 'I don't need to sort of get [injured], that's why I stay out at the wing, because I am not getting involved in the tackles and pushing myself up just for a bit of a knock about.

Again, this excerpt suggests that activities where confrontation or opposition between individual men or teams is accentuated may jeopardize the elements of 'inclusive' competition that men valued, such as fun, enjoyment, involvement, and safety. This concern was not only raised by men who were affected by it, but also by other often younger and physically fitter men. To counteract the negative effects of 'exclusive' modes of competition, these participants adapted their involvement in the sport to make it more inclusive and to safeguard the fun element Ian referred to in the excerpt above. Balancing game intensity, speed, and forceful contacts was important for Crispin (29-39, 27.5 kg/m²), a young participant who adopted a willing attitude to help others enjoy the games:

When we do, say if we play football, I try to take it easy on the older guys. I don't play as well as I would if I was against similar people, you know, people of similar age and similar ability. I don't want the other guys to go out and think: 'Oh, I am not going there next week because there is this one guy, half our age, he takes it too seriously, runs round tackling, hurting people'. You know, I don't wanna upset anyone; I want everyone to enjoy it. I enjoy it, but I don't want people not to come again because of me.

For some men, football was an opportunity to legitimize and promote mutual caring behaviours with other men. To exemplify this point, Pierce (50-59, 37.8 kg/m²) talked about how he used sports to promote inclusivity in the programme:

Lorena: Do you feel that it can get a bit too competitive sometimes?

Pierce: That's a different sort of competitive. That's competitive within the spirit of the game of football, yeah.

Lorena: As a team?

Pierce: Yes, that's a team competitive aspect, which is brilliant, because everybody encourages everybody else, from the oldest to the youngest, everybody. You know, if somebody is not getting a pass of the ball, you'll try and get the ball to them so they do become involved, they don't get left out. Uhm but that's in that scenario or in that setting, that team competition is brilliant, because it is good fun, and everybody has a laugh.

What is implied here is that 'inclusive' competition that encouraged a sense of team spirit, enjoyment, and participation was different from the form of competition often found in elitist and professional sport.

Caring interpersonal relationships

It is likely that men's degree of involvement in physical activities and sports often depended on the social environment that prevailed within the programme. As suggested above, men's attitudes towards one another facilitated participation. This created an opportunity for men to 'do' things together, which resulted in a stronger 'bond' between the men and promoted inclusivity. Even men who were confident about their physical abilities stressed the importance of the social component of sport. For Miles (40-49, 29.7 kg/m²), a supportive atmosphere was an opportunity for participants to demonstrate competence, and this enhanced the relevance and meaningfulness of their participation in sports:

I think the first session I was a little bit daunted about it, a bit nervous. I wasn't sure what I was letting myself in for, again because I've always been quite physically fit and I know I am decent footballer and I am decent at most sports, I can put my hand to it, so I am never gonna feel out of place in somewhere like this, so therefore is very much in my confidence. But it wasn't, I think it was more the meeting people thing, I think that was my concern. Although I was overweight, I've never felt that fat or grossly overweight. So it was a great opportunity for me to come and do something that I knew I would enjoy. Once I got here I found there was a great camaraderie between the lads, everybody seems to really encourage each other, which I didn't think would happen. I thought it would still be a case of it's you, versus the next, versus the next. But it's not, it's very much pat on the back, well done, you've played well, you really pushed yourself there.

Again, Miles' excerpt suggests that cooperation, care, and relationships – as opposed to oppositional activities – were the elements that made the programme meaningful for him. Through the programme, men also found and engaged in other sport-related activities. These

other activities were a springboard to establishing closer links with other men, within and outside the programme. Namely, men frequently mentioned the football games they played with other men's health services, organised by the programme. Ian (40-49, 46.3 kg/m²) said:

We played football against other men's health services like in [place], we played football against them, there's Fit Fans in [place], you know that's along with the football, you know we try to move it forward, as you know we're going away for the weekend at the end of August doing some canoeing and stuff and it's like err we are going on the Saturday we are gonna have lunch there and we're gonna go out and try to do canoeing and team building, and then an evening meal. And then you know they've got a social club there, you know, and things like that [...] So that's good because it gets people having a chance to having a laugh and a joke, and working together with one another, building up. You know, that bond and teamwork and friendship. I found that when we went to [place], that was good, I enjoyed that, you know what I mean, things like that. But you know, it brings the lads together, so they build mates and that sort of thing.

For some men, it was these caring interpersonal relationships are what made participation in sports meaningful, despite their preference for other types of sport. Alan (40-49, 39.5 kg/m²), a rugby fan, said:

Even though I'm not very good, I enjoy taking part, because it's just a team game and you're having a err you're getting involved, you know. I do enjoy playing the football at the end. I never thought I would say this, [but I enjoy it] more than the rugby, yeah yeah.

The Role of Staff in Promoting Engagement

The sections above imply that men valued and enjoyed the competitive element of the sessions as long as this occurred in a supportive environment that promoted participation and caring interpersonal relationships. Similar to previous research (e.g. Bingham et al. 2014; Curran et al. 2014), the role and skills of the practitioners facilitated the development of the above outcomes. A key skill that characterised the deliverers of the sessions was their ability to adapt the physical activities and sports to the needs of the group. Bert's (60-69, 27.5 kg/m²) first day experience highlights what happens when this is not well handled; in this case at another programme:

Lorena: Can you remember the first session you attended?

Bert: Yeah, because I was with some rugby lads and it was absolutely knackered at the end of it. That was my very first one, that was in [place] which is supposed to be very

[hard]. So Luke suggested coming here, because they are all my age, because in [place] they are all 30 odd year olds, 40. They were just killing me.

Lorena: so how did you feel the first time you saw all of them kind of fit and it was your first and you were a bit older?

Bert: I just thought well this is not for me because I'll never get to their level of fitness and they will just keep walking all over me, so I was a bit unsure as well as whether to carry on or not [...] I think that could put some people off. Whereas if they were given an alternative, so if someone is coming, I think you should try to match their age to the age groups that are ran around the area.

Similarly, Abraham (60-69, 29.2 kg/m²) found it difficult to participate in some activities due to his limited functionality. Participants like Abraham said that the sessions were 'too vigorous' for them, which placed him at a higher risk of relapse:

I think myself, the exercises are getting too vigorous, I really do, because an awful lot of people, who are not coming now, are getting old. And I don't think it's been taken into consideration the limitations, you know, because Chris [a participant who dropped out], when I said: 'Are you coming back?' he said: 'Well I'll go to the Tuesday one, because that's all games and you can do your own pace sort of thing, you know, table tennis, football or whatever. But I don't want to do this one because it's too much'. So it's quite, if you take notice, most of the people who did come, were more or less retired, I was retired. There weren't many who weren't. I think it's got to that stage, although he's trying to make you fit, I think it's a bit too strenuous.

Again, in the above excerpt, Abraham warns about the inappropriateness of some forms of competition. More successful outcomes emerged when practitioners were original, creative, and offered a variety of both individual and group activities that promoted inclusivity and enjoyment. Participants particularly referred to the deliverers' ability to modify some aspects of a game. This promoted inclusion because participants' different levels of ability were less discordant in the playing field. Also, this generated a type of humour that was important for engagement and inclusion. The following interaction with Ian (40-49, 46.3 kg/m²) demonstrates this point:

Ian: I was saying to them the other week what we do at [place] is like play football with a rugby ball.

Lorena: [laughs]

Ian: If you have never tried it, try it sometime, and it's really good fun. Because it's a laugh because the ones who are good at football doesn't make no bloody difference whatsoever because that ball just goes where it wants to go, and it just means that you

are running a bit more for it and you're sort of chasing the ball, you know [...] It just adds a bit of fun to the game.

Another activity that was introduced in the programme was walking football. This is similar to normal football, but running is banned, with or without the ball. Observations of the sessions suggest that this adapted activity promoted inclusivity that was not evident in normal football, where some players stayed 'out at the wing waiting for the ball to come to us' (Ian): in walking football, everybody was involved in the game. For instance Ross (70-79, 27 kg/m²), who suffered from a degenerative disease, talked about walking football as the only sport he could participate in. As a result, he missed playing it when it was not available: 'I like all the exercises, but what I do miss is the football, the walking football'.

Discussion

Emerging Outcomes and Practical implications

In this paper, we have explored older men's experiences of participating in sport, specifically football, in a male-only WMP that works in partnership with the Wigan Borough Healthy Stadia and Sports Club Network to deliver health and well-being messages. Although this WMP was not delivered by an amateur or professional sports club, it is part of the aforementioned Network and as such uses sports to engage men with their health. In line with NICE guidance (NICE 2008), we have taken seriously OM's needs and views regarding intervention delivery in sports settings and engaged men as influential shapers of service provision. By doing so, we tried to generate a sense of engagement among participants and possibilities for ownership of services delivered in a local community sporting setting. In what follows, we would like to consider how our findings inform service delivery across the Healthy Stadia agenda, including health improvement programmes for OM delivered by professional sports clubs.

Tailoring provision around men's needs is an important aspect in the design and delivery of programmes. For example, participants reported being at different stages of fitness, functional capacity, and readiness to engage in sport-led programmes. To provide these individuals with an enjoyable and achievable experience, key characteristics of PA – such as frequency, intensity, time and type – need to be considered (Barisic, Leatherdale, and Kreiger 2011).

This is not only important for new recruits, but also for more experienced and longer term engagers, who may have advanced their fitness and ability and as a result require more frequent and longer activity sessions. TtPs was not age-specific, meaning that men of different ages and presenting with differences in PA characteristics needed to be balanced by practitioners, whose ability to understand and navigate men's needs and wants were key to the success of the intervention.

Pringle et al. (2014) recommended building mediators for change in PA interventions, such as social support, enjoyment, achievement, fitness and fun. In response to this, our research has illustrated some of the key elements that facilitated behaviour change in a sample of OM. The findings suggest that programmes were effective when they directly – and indirectly – fostered social support. The social opportunities arising from the programme provided a source of enjoyment that was especially valued by men who were hesitant about their ability to play sport. Another aspect that the men enjoyed was the maintenance of aspects of the competitive element that characterises many sports. However, the type of 'competition' that participants valued was a *work of inclusion* that promoted caring interpersonal relationships through humour, support, and encouragement. These requisites were promoted not only by the men who attended the sessions, but also by the practitioners. Previous researchers have suggested that practitioners who are personable, respectful, empathic, supportive and caring play a key role in contributing to participants' positive experiences of programmes (e.g. Bingham et al. 2014; Curran et al. 2014).

A number of men reported engaging in the processes of change described by Marcus et al. (2000). These processes are 'the strategies and techniques that people use to modify their behaviour' (p. 16), and can be deconstructed into cognitive and behavioural processes. In our study, we came across men who *became aware of the risks* and *comprehended the benefits* of being more active. For example, men reported the need to change their lifestyles so they could be more active to fulfil immediate tasks, such as looking after their grandchildren, and in the future - thus demonstrating the aspiration of 'fitness for life' described by Franklin (2015). Similarly, men *reminded themselves* of how to best sustain their activity levels. Participants gave accounts of how the competitive element of sports became either too dangerous or too vigorous for them or others. In doing this, men talked about *safeguarding* from injury or over-exertion. By making the case that participants needed to consider how

their overzealous and competitive nature could have a detrimental impact on others, they *cared about the consequences to others* and *offered alternative* activities for them.

With these considerations in mind, it is important that practitioners and managers working on projects associated with the Healthy Stadia agenda understand the practical considerations of implementing such programmes. Two key practical implications emerge from this research. First, since some men may be discouraged to take part in sport-led interventions that appear to promote confrontational and oppositional activities, it is important that managers prepare practitioners to deal with these occurrences during interventions. One way of doing this is to include clear and inclusive messages such as ‘all ages welcome’ or ‘open to all levels of ability’ during promotions of programmes and in the implementation phase. Second, while previous authors such as Parnell et al. (2013) and Curran et al. (2014) have called for more appropriate professional development for practitioners, these recommendations have focused on sport-based qualifications. In addition to this knowledge, it would also be valuable for practitioners working in healthy stadia to use other resources that provide specific directions on how to work with older men. For example, the *Active for Later Life* resource of the British Heart Foundation (BHF) toolkit for planning PA programmes provides specific evidence and recommendations with regards to the development of PA programmes for older people. Similarly, some charities such as Age Concern have provided training to football club community trusts (see Parnell 2015) and training on working with men (Pringle 2014).

It is also worth stressing that OM can present with specific barriers related to age, including disability and threat of injury, as well as particular motives for engagement, such as the importance of building a routine around programme attendance. Additionally, this research has emphasised how practitioners can enhance the attractiveness of health improvement programmes for older men. To replicate this, it is important that practitioners working on this type of interventions display a caring attitude towards participants, show creativity with regards to tailoring the sport to the needs of OM, handle exercise intensity and promote the integration of all participants. These aspects clearly enhanced the attractiveness of TtPs for OM.

Conclusion

This research has explored the use of football as a tool for engaging older men in a weight management programme delivered at a sports venue. Although this community project is not specifically delivered by an amateur or professional sports club, its context is important for those working in and around the Healthy Stadia agenda, given the scope of programmes undertaken by the clubs. Specifically, this research has offered some interesting insights for practitioners working in promoting public health at sports stadia. The primary learning to be taken from this research relates to the experience of older men engaged through physical activity sessions delivered through football, and relative barriers and enabling factors within the context of male identity. Within these, this research has suggested that inclusive competition, caring relationships and the role of the practitioners play an important part in participants' experience and engagement in this type of programmes. Further, while this research acknowledges that facilities such as sports stadia have meaning for most men (Hirt and Clarkson 2011), far more important for improving human functioning is not just the setting, but also *what people do* – individually and collectively - in that particular environment to make things better. Therefore, if stadia-based programmes are to thrive, it makes sense to make a greater effort to understand what men do in those settings, and share that evidence with relevant parties. This research, using a qualitative methodology, has been an attempt to undertaking such endeavour.

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